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Meeting Objectives

- Workgroup and advisory panel members have a common understanding of potential infrastructure models and provide input on the model that will best align with the agreed upon principles
- Workgroup and advisory panel members review initial gaps from survey and understand the next step in the process to identify and analyze additional gaps that create barriers to enabling the transformation goals
- Workgroup and advisory panel members discuss how health IT targeted services could support the SHIP Transformation Goals and identify information needs regarding potential targeted services

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Agenda

- 9:00-9:20 Welcome
- 9:20-9:35 SHIP Transformation Goals and Workgroup Updates
- 9:35-9:50 Review of Workgroup Understandings and Agreements
- 9:50-11:30 Options for Future State: Technology Delivery Straw Models
- 11:30-11:45 Break
- 11:45-12:45 Working Lunch: Straw Poll on Technology Straw Models
- 12:45-1:00 Break
- 1:00-1:15 Key Findings from Survey on Technical Infrastructure
- 1:15-2:00 Root Causes and Strategies to Address the Gaps
- 2:00-2:50 Targeted Services
- 2:50-3:00 Quick Improvement Exercise

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Wisconsin SHIP Transformation Goals and Workgroup Updates

Julie Bartels, Sarah Orth, Jennifer Russ

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Aims

1. Improve the delivery of health care by YEAR, as measured by the IDENTIFIED QUALITY MEASURES, by reducing the variation so that all Wisconsin providers are in the 75th percentile (for a specific measure) as compared to the national average and no more than X standard deviation from the target.

2. Improve the population health of Wisconsin by YEAR, as measured by IDENTIFIED PEOPLE/PATIENT MEASURES by X% each year starting in YEAR.

3. Achieve 0% trend in PMPY by YEAR, as compared to YEAR.

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Transformation Goals – Draft

Interrupt Disease Progression Across The Health and Healthcare Continuum

- Prevent, screen, treat, manage

Optimize Care Delivery

- Right treatment, right time

Improve Active Participation and Decision Making

- Adherence to treatment and engagement in health and health care

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Transformation Goals – Draft

Connect People to Community and Social Resources

- Clinic/community linkages, initiatives

Reduce Disparities Linked to Poor Health and Healthcare

- Behavior, access, and health outcomes

Smarter Spending for People, Providers, and Purchasers

- Prevention, reducing costly health outcomes

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Example Plan

Goal	Objective	Strategies	Best Practice	Better Practice	Measure
Interrupt Disease Progression Across The Health and Healthcare Continuum	Increase use of community and clinical interventions to prevent unhealthy behavior	Increase participation in smoking cessation programs for persons with depression and diabetes	Proactive tobacco quitlines		Quit line use, smoking cessation among persons with diabetes and depression

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Next Steps

- Hone goals and objectives

- Gap Analysis
  - What is lacking?
  - Why is it lacking?
  - Focus

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Review of Workgroup Understandings and Agreements on Health IT Shared Services Technology

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Health IT Workgroup Agreements

- To date, the Health IT Workgroup has reached agreement on the following:
  - The current state of Wisconsin's Health IT infrastructure
  - The goals for Wisconsin's Health IT infrastructure
  - The expected ways that cost savings will accrue from moving to a shared health IT services model in Wisconsin
  - The guiding principles for shared services technology infrastructure
  - The shared services technology components necessary to support transformation of Wisconsin's healthcare system
- The Advisory Panel was asked to provide input to the Workgroup, prior to finalizing the above agreements

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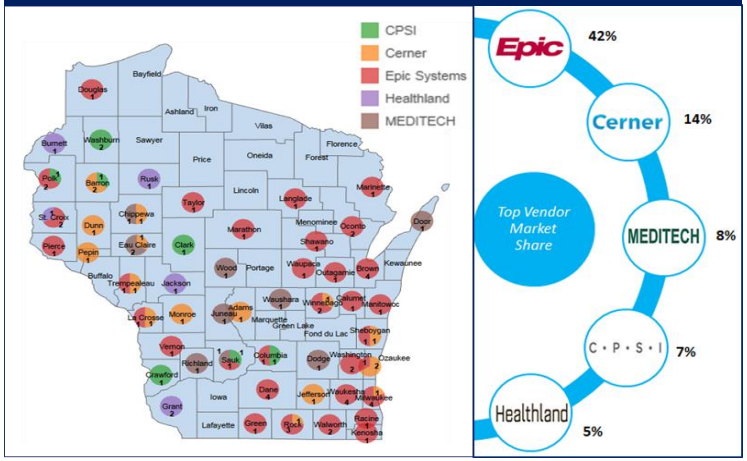
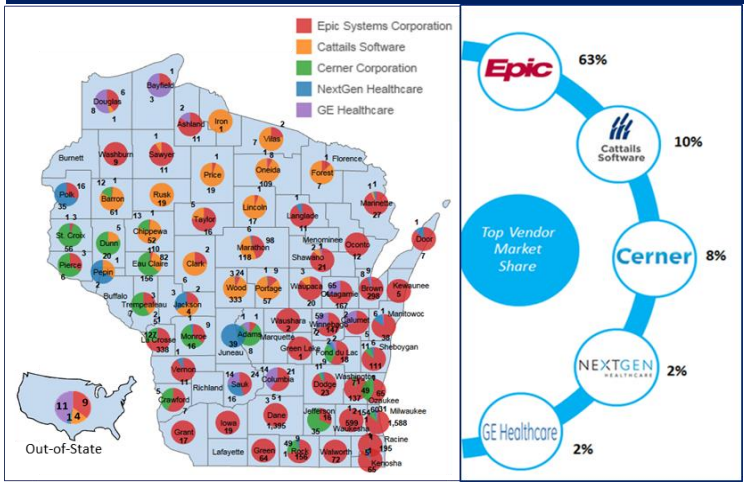
EHR Adoption- Current State

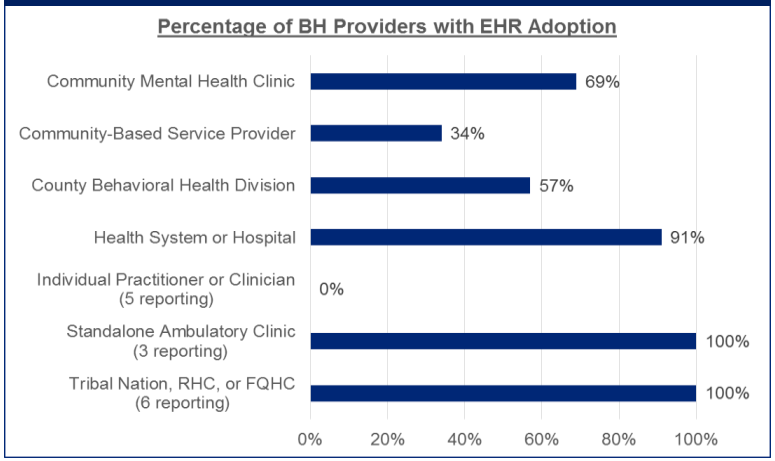
100% of Eligible Hospitals have adopted CEHRT



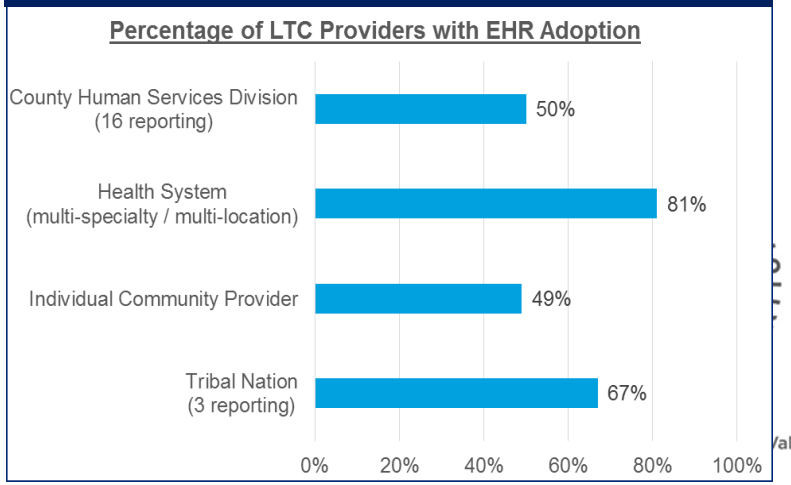
65% of Eligible Professionals have adopted CEHRT with 54% achieving meaningful use



Behavioral Health provider adoption varies by provider type



More than 50% of Long Term Care provider respondents adopt CEHRT



Existing State IT Assets- Current State

Provider Directory	Data Repository / Warehouse	Quality Reporting Services	Patient Identification & Matching	Notification Services	Analytics Tools
• Caregiver Regulation Info System • ASPEN Licensing Info System • Adult Programs Info System • Emergency Medical Services System • ForwardHealth interchange and Portal • Facility Licensing and Certification System • WMS • WCHQ • WHIO • WISHIN • DHS • MercyCare Insurance Co. • Health Tradition Health Plan • Molina Healthcare • Humana • Triology • Security health Plan • WHA	• Medicaid Decision Support System / Data Warehouse • Wisconsin Primary Health Care Association (WPHCA) • WCHQ • WISHIN • WHIO • WHAIC	• WCHQ • Medical Assistance Provider Incentive Repository • WHAIC	• DHS Master Customer Index • Statewide Vital Records Information System (SVRIS) • WI CARES • WISHIN • WHIO • WCHQ • Molina Healthcare • Humana • Security Health Plan	• Public Health Surveillance Comm. System Partner Comm. and Alerting • WISHIN notifications on hospital admissions • MercyCare Insurance Co. • DHS • Molina Healthcare	• WiPHIN Analysis, Visualization and Reporting • WHIO

State Systems Health IT Architecture

Current State

- Providers, hospitals and payers submit data to many systems for many purposes, such as payment, reporting (public health, long-term care, mental health, etc.,), licensing, certification, rate-filing, certificate of need, and others
- State data systems have been built in many silos; where federal agencies have contributed to funding technology, historically they have not required interoperability of systems or required consistent data standards to be used
- CMS is making strides to change this through the Medicaid Information Technology Architecture (MITA) Seven Conditions and Standards
- Some multi-state collaboratives are forming to participate in joint purchasing agreements
    - Wisconsin participates in the Medical Assistance Provider Incentive Resources collaborative as part of the Medicaid EHR Incentive Program
- There are many opportunities to improve data collection and streamline reporting
- Data collected through existing systems could be utilized by other programs

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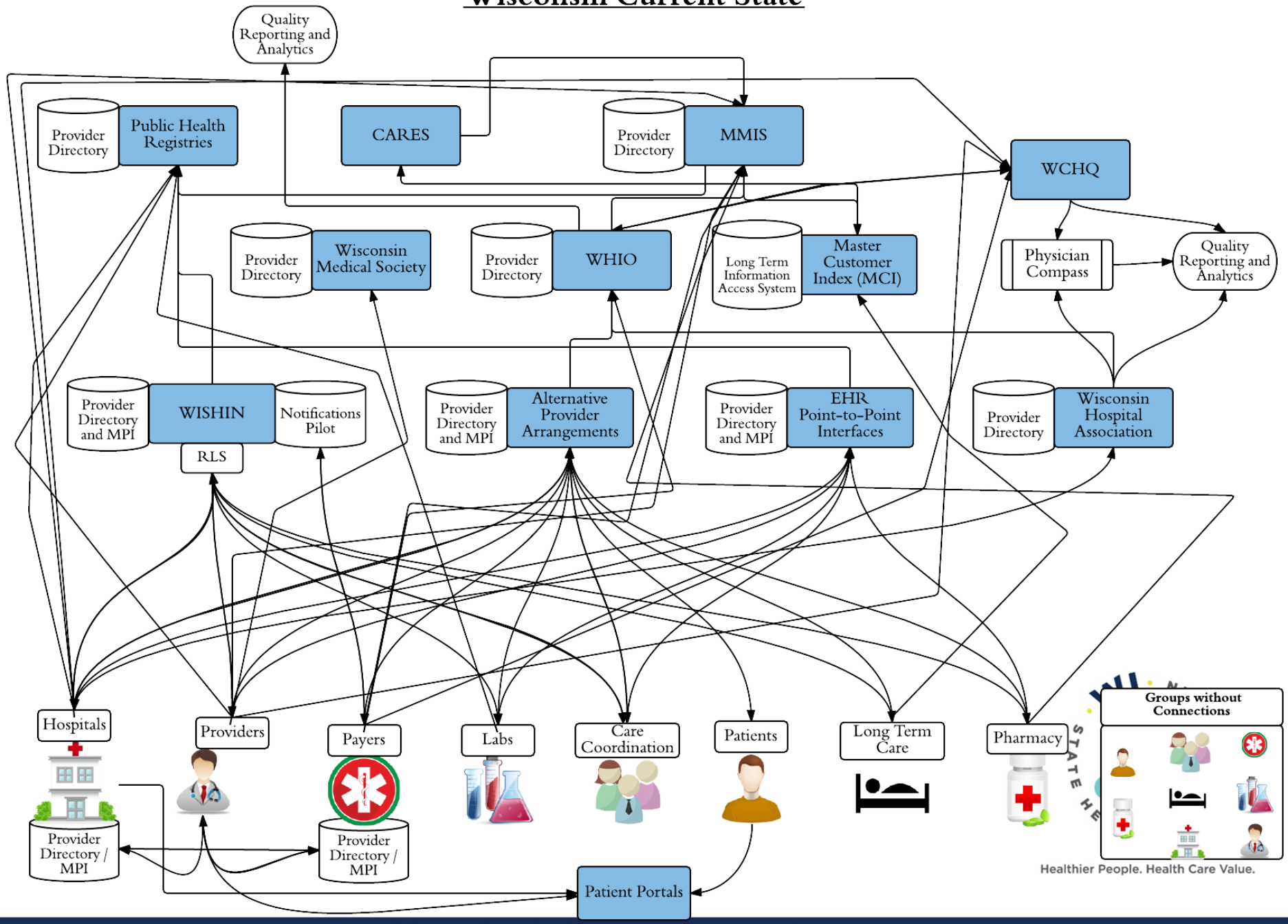
Wisconsin Current State



Goals for Wisconsin's Health IT Services

Wisconsin's Health IT infrastructure must be designed and operated in a way that will enable the SHIP transformation goals to be achieved across the state, not just in certain places.

The Health IT services will provide tools to:

- Improve patient safety, quality and outcomes
- Support patient-centered care
- Increase patient engagement
- Enhance communication
- Decrease costs by reducing inefficiencies

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Principles for Shared Health IT Services

1. Health IT is a necessary tool to help enable healthcare transformation
1. Like utility services, the underpinnings of Health IT services should be scaled across common community needs with standards that minimize variation
1. Participation in shared services is a choice
1. Shared services should enable cost savings at a statewide level from economies of scale
2. Existing Health IT infrastructure should be leveraged where feasible to realize value from previous investments
1. Planning for shared services requires thinking ahead in order to meet future needs
1. Should be built with flexibility and modularity so services are scalable and can expand over time
1. Should simplify exchange of data and information among disparate systems

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Principles for Shared Health IT Services (continued)

9. Should use industry best-practice architectural standards and protocols
10. Should provide interconnectivity between existing data systems, health care providers and systems, payer organizations and State of Wisconsin systems (public health and others)
11. Should advocate, promote, align and foster adoption of national standards by all participants; should leverage standards such Stage 3 Meaningful Use
12. Should favor “plug and play” options
13. Should minimize needs for custom interfaces and point-to-point connections
14. Should set standards that are achievable stretch goals and will advance some participants without holding back participants who can exceed the standard

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Expectations of Cost Savings Shared Health IT Services

1. Broad use of Health IT Shared Services will create cost savings to Wisconsin's healthcare system as a whole

2. Cost savings associated with the use of Health IT will not accrue equally

3. New efficiencies may result in savings for some and lost revenues for others

4. Gains and losses will differ for different services and different participants

5. The Health IT Plan is not intended to preserve profit margins for any particular participant or service area

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Shared Health IT Services Technical Components

The components of Shared Technology Services were selected because they are foundational for data accuracy and availability, and are essential to support Wisconsin SHIP goals:

- Person Identification and Matching Services
- Health and Human Services Provider and Organization Directory Services
- Notification Services (beginning with Admit, Discharge, Transfer (ADT) notifications)
- Quality Reporting and Measurement Services

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Provider Directory Services

Refresher of previous discussions

Current State

- Very inefficient; requires substantial resources to maintain directories
- No trusted source of truth for provider directory information

Desired Future State

- Shared service would support management of a statewide trusted source of truth of health care provider information, both individual and organizational, serving multiple purposes
- Shared service would decrease burdens of updating and maintaining information with bi-directional feeds to end users
- Over time, expanded directory would support data for organizations providing services for whole person care
- Significant value in linking provider and person data where care relationships exist, for notification services and for quality measurement in value-based payment models

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Person Identification and Matching Services

Refresher of previous discussions

Current State

- Wide variation in data elements and algorithms used
- Very difficult to know true matching rates, especially the false negatives
- Data integrity is widely variable and is expensive to maintain

Desired Future State

- A Person ID and Matching Shared Service would be populated by various sources to ensure individual-level data is linked across the health and human service ecosystem
- Data can be aggregated to create a comprehensive view of the person
  - In a standard format, with discrete data fields that are required to be collected
  - With policies for security protections and permitted uses
- Data integrity will be improved across all system users, with information provided back to organizations when there may be duplicate records or data quality issues
- There would be significant value in linking care relationships between providers and patients for notification services and for quality measurement in value-based payment models

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Notification Services

Refresher of previous discussions

Current State

- Within integrated delivery systems, there is communication occurring between a patient's care providers during care transitions, but gaps are still seen with mental health and long-term care transitions in many places
- There are significant gaps in information sharing during care transitions in many other parts of the delivery system and across rural Wisconsin

Desired Future State

- Notification services would provide updates to authorized providers/users when the person has an encounter in a health care facility in Wisconsin (such as a hospital, long-term care facility, etc.)
- Notifications would be customizable to meet users' needs and avoid alert fatigue
- Notification services would be implemented in a phased approach beginning with hospital admission, discharge, transfer (ADT) alerts
- Additional notifications such as medication fills and refills, environmental alerts, and direct to consumer alerts could be added over time

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Quality Measurement and Reporting Services

Refresher of Previous Discussion

Current State

- Reporting can be burdensome for participants in quality measurement programs who must send data to multiple state and federal organizations in different formats
- While many efforts to measure health care cost and quality are underway, quality improvement activities have been hampered by the lack of reliable or actionable data
- Multiple interfaces and/or portals needed for reporting and/or viewing data

Desired Future State

- Organizations have fewer reporting relationships to manage and fewer interfaces and/or portals to connect with, and measures are streamlined
- Provider/patient care relationships are more accurately mapped
- Comparable quality data is more available to providers and to payers
- Cost and quality transparency to consumers is increased
- Quality measurement is done by one or more trusted entities, with accountability to participants for accuracy

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Shared Technology Services Delivery Straw Models

- Coordinated Health Care Data Services
- Dual Coordinated Services
- Orchestrator

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Shared Technical Services Delivery Model Diagrams

Each straw model diagram represents a potential future state, *not existing systems or organizations*

- Discussion should remain focused on the desired Future State for delivering the Shared Technology Services
- Discussion should not be focused on current technology service providers or current technology assets
- Identifying the desired Future State delivery model for Shared Technology Services is the first step
- Governance, policy levers, and financing strategies for Shared Technology Services will be considered in September and October
- The Statewide Value Committee has expressed a desire to be involved in a process for determining the governance of Shared Technology Services

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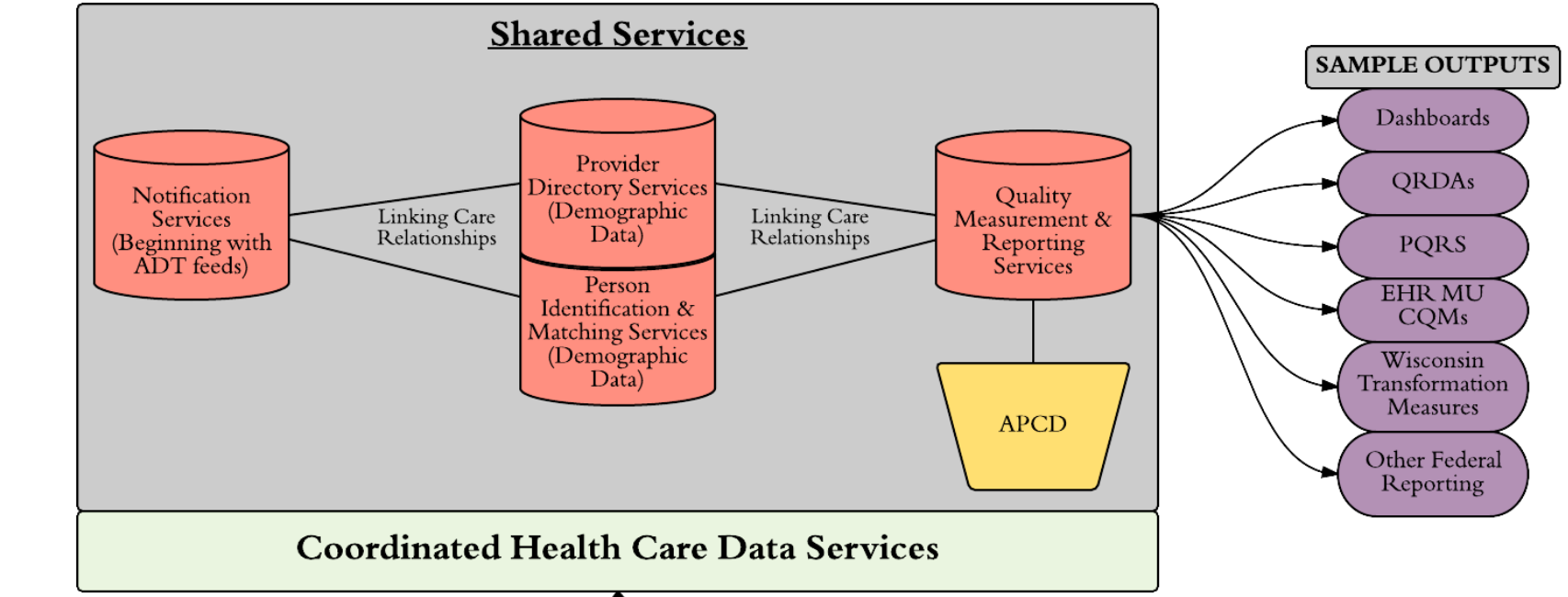
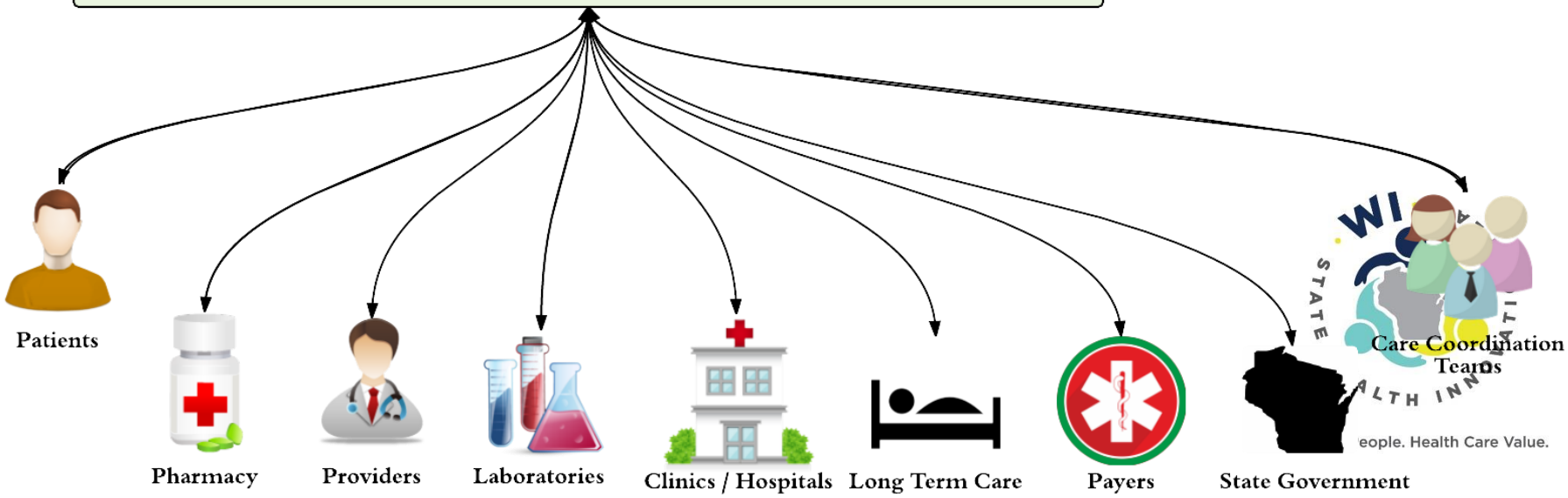
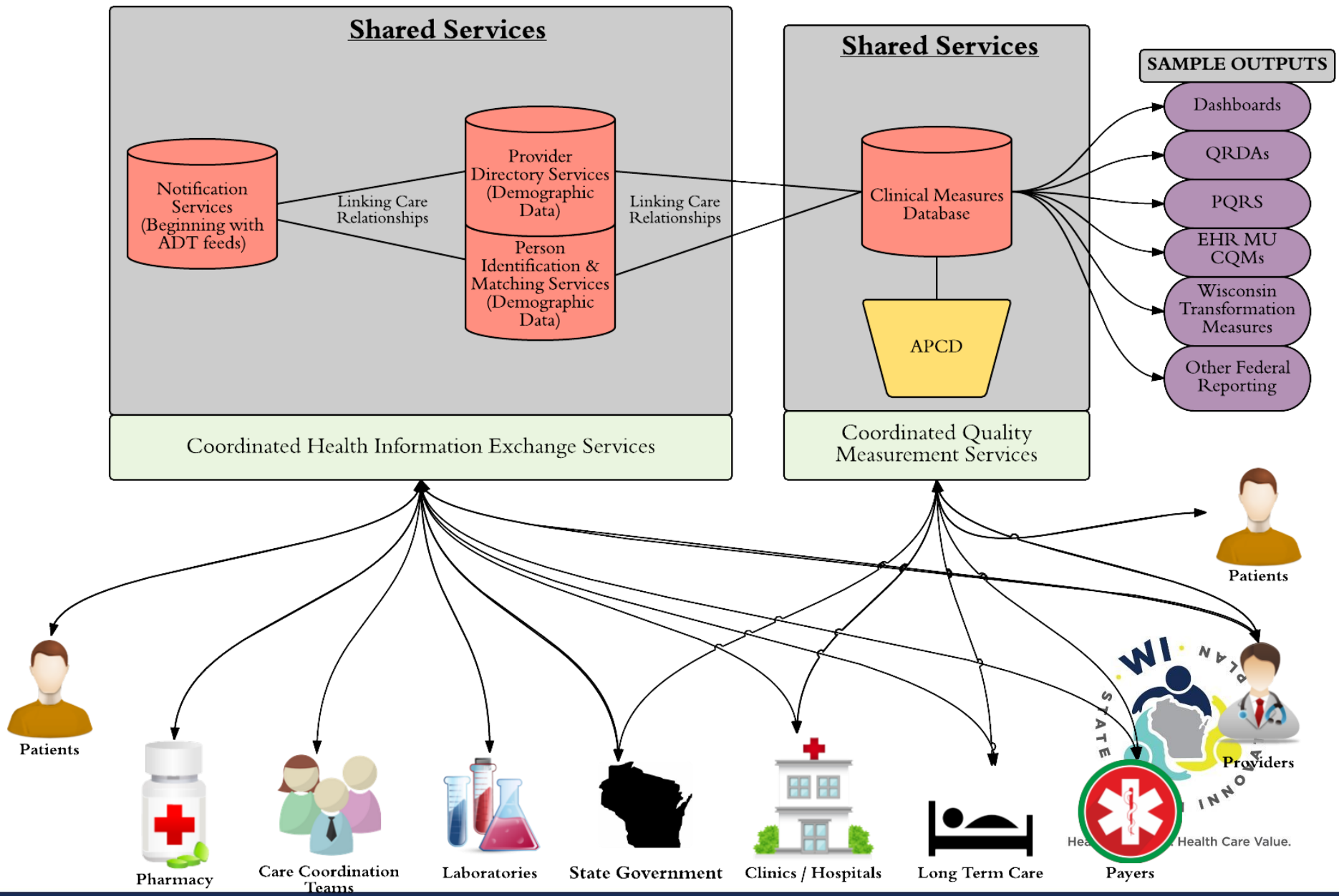
Coordinated Healthcare Data Services Model

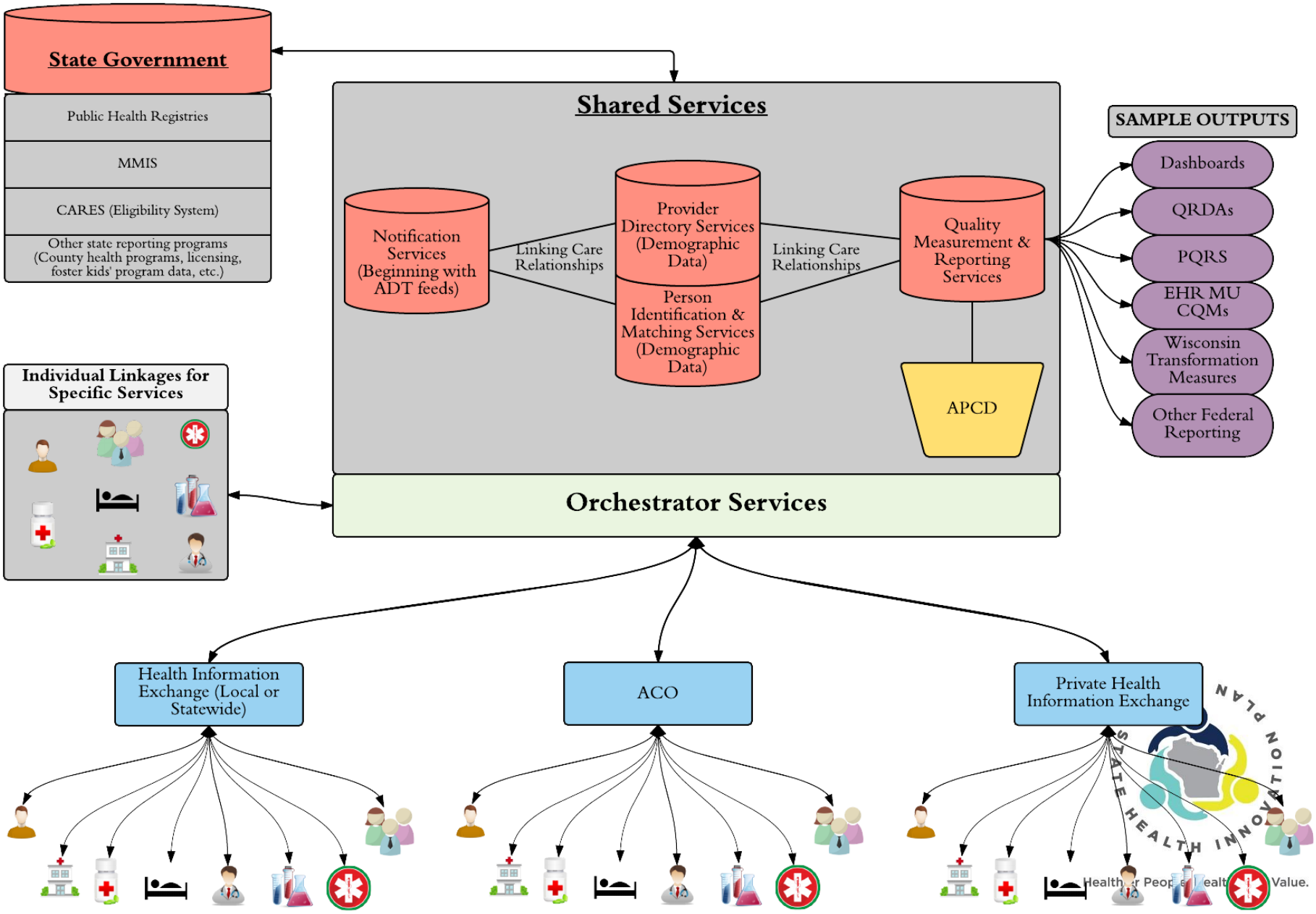




Dual Coordinated Services Model



Orchestrator Model



Discussion

- Pros and cons of each model?
- What technology model is most consistent with the principles for shared services?
- See discussion questions on handout

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Stay Healthy Stretch

Break

Meeting will resume at 11:45 Central

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Working Lunch:
Straw Poll – Technology Delivery Option Straw Models

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Stay Healthy Stretch

Break

Meeting will resume at 1:00 Central

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Key Findings from Survey on Wisconsin's Health IT Technical Infrastructure

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Gap Analysis

In the Transformation Planning process, the *Gap Identification and Analysis* step is the identification and analysis of the gap(s) between the **current state and future state** of health, health care and smarter spend for the identified populations.

- In the case of Health IT, the gap identification and analysis step compares the current state of Health IT to the desired future state, necessary to support transformation.

Compares 'where we are' to 'where we want to be' and identifies drivers or influential actions that will positively impact the closure of that gap

Upon completion of the gap analysis, the SHIP workgroups and advisors will have the following:

- An **understanding of the differences** between current state of HIT and required future state of HIT to support shared transformation goals.
- An **assessment of the barriers** that need to be addressed in order to close the HIT gaps identified.

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Purpose of Survey

- To determine the current landscape of the technologies currently being using in Wisconsin
- To collect information to understand how health IT may be in place today that improves care and service
- Perspectives will inform the development of the SHIP, focused on using health IT to improve population health and the value of health care services in Wisconsin
- Data collected will be used for planning that could help your organization in the future

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Progress to Date

- Electronic online survey distributed to Medicaid HMOs and ETF for member participation
- Requested organizations to complete the survey by July 14, 2015
  - Received 13 complete responses to date:

1. Department of Health Services
2. Department of Health Services
3. Health Tradition Health Plan
4. Humana
5. MercyCare Insurance Co.
6. Molina Healthcare of Wisconsin, Inc.
7. Security Health Plan
8. Trilogy Health Plan, Inc.
9. UnitedHealthcare
10. WEA Trust
11. Wisconsin Collaborative for Healthcare Quality
12. Wisconsin Health Information Organization
13. Wisconsin Hospital Association Information Center
14. Wisconsin Statewide Health Information Network

Are we missing any key players?

If so, who?

- Deadline extended to allow for additional responses

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Findings to Date

Patient Identification and Matching Services

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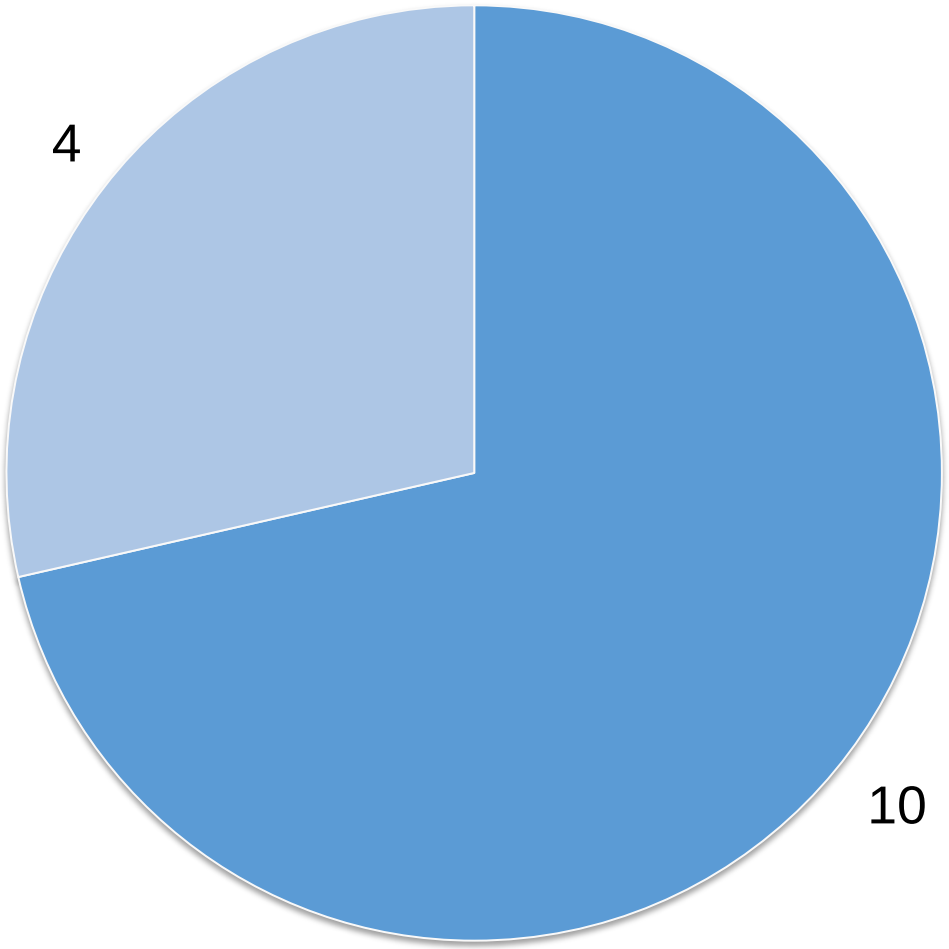
Does your organization use a Master Person Index?



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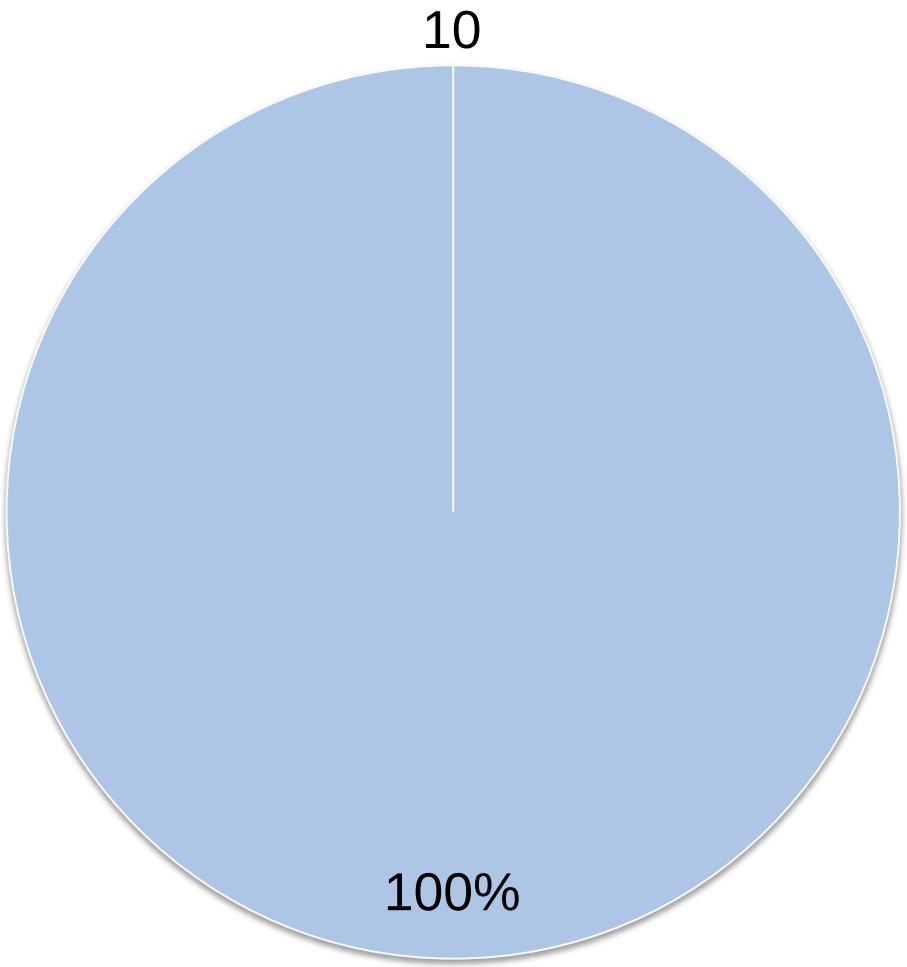
Does your organization maintain a Master Person Index?



Vendors Used:

1. Medicity
2. QNXT (Trizetto)
3. Internally developed
4. Internally developed

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Data Elements Collected in MPI

Data Element	# of organizations that collect the data element (n=4)	Data Element	# of organizations that collect the data element (n=4)	Data Element	# of organizations that collect the data element (n=4)
First name	4	Race	2	Social security number	3
Last name	4	Ethnicity	3	Medical record number	1
Middle name	3	Gender	4	Primary health plan ID	4
Middle initial	4	Phone number, mobile	3	Secondary health plan ID	3
Preferred name	1	Phone number, work	4	Employment status	1
Previous name(s) and aliases/other names	2	Phone number, home	4	Employer	3
Title	3	Marital status	3	Languages spoken	4
Address, street	3	Emergency contact	2	Preferred language	2
Address, city	4	Next of kin	1	Living situation	0
Address, zip	4	Spouse/partner	3	Educational level	0
Address, state	4	Children	3	Income	0
Previous address	2	Parents	1	Other: Religion, Primary Care Provider, Financial class (self pay, insured, Medicare, etc.)	3
Birthdate	4	Siblings	1		

Other MPI Information

Uses of the MPI:

- HIE, Community Health Record, Point-of-Care
- Includes but not limited to: Case management, Member Services, Claims Payment, Eligibility verification, provider data, call tracking, complaints and grievances, appeals, Hediz, Authorizations, Utilization management
- To identify members for eligibility and longitudinally across time.
- Maintenance of Member Information

Users of the MPI:

- Health Care Providers, Payers, (via a service)
- All Department
- Internal applications
- Health Plan Administrative Staff

Training Requirements:

- Internal training: 4
- Includes: matching algorithms, assistance for providers to make corrections for data sent from EHRs; HIPAA; Fraud Waste and Abuse; general usage and skills training to pull reports

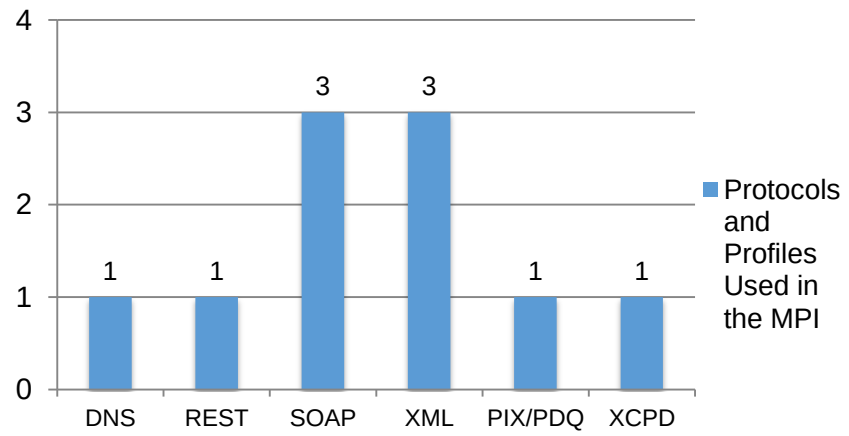
Standards Used:

LDAP: 2
HPD+: 2

Matching Algorithm Used:

Probabilistic theory, mathematical and statistical models: 2
Exact match and deterministic algorithms: 3

Protocols and Profiles Used



Findings to Date

Provider Directory

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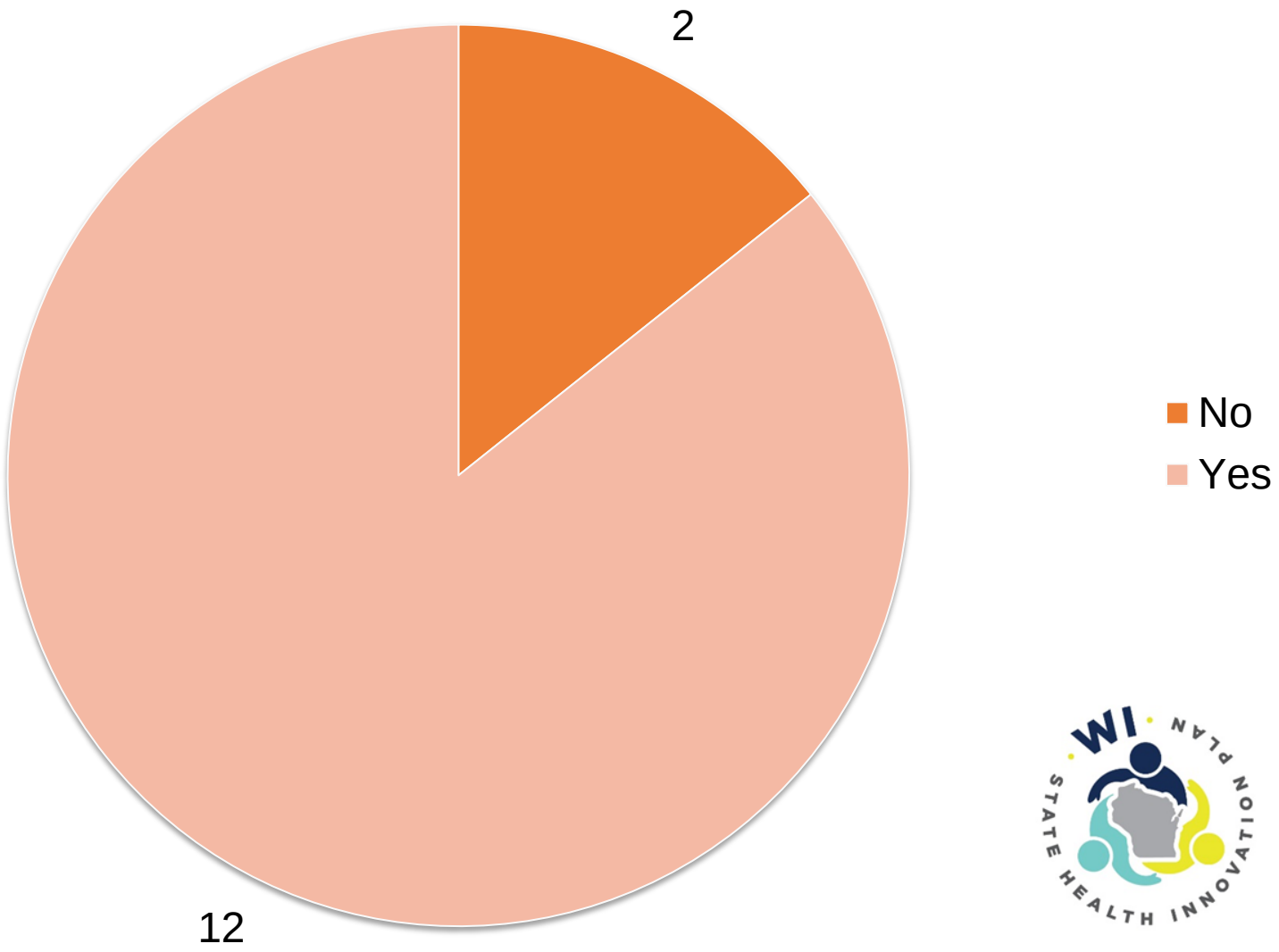
Does your organization use a Provider Directory?



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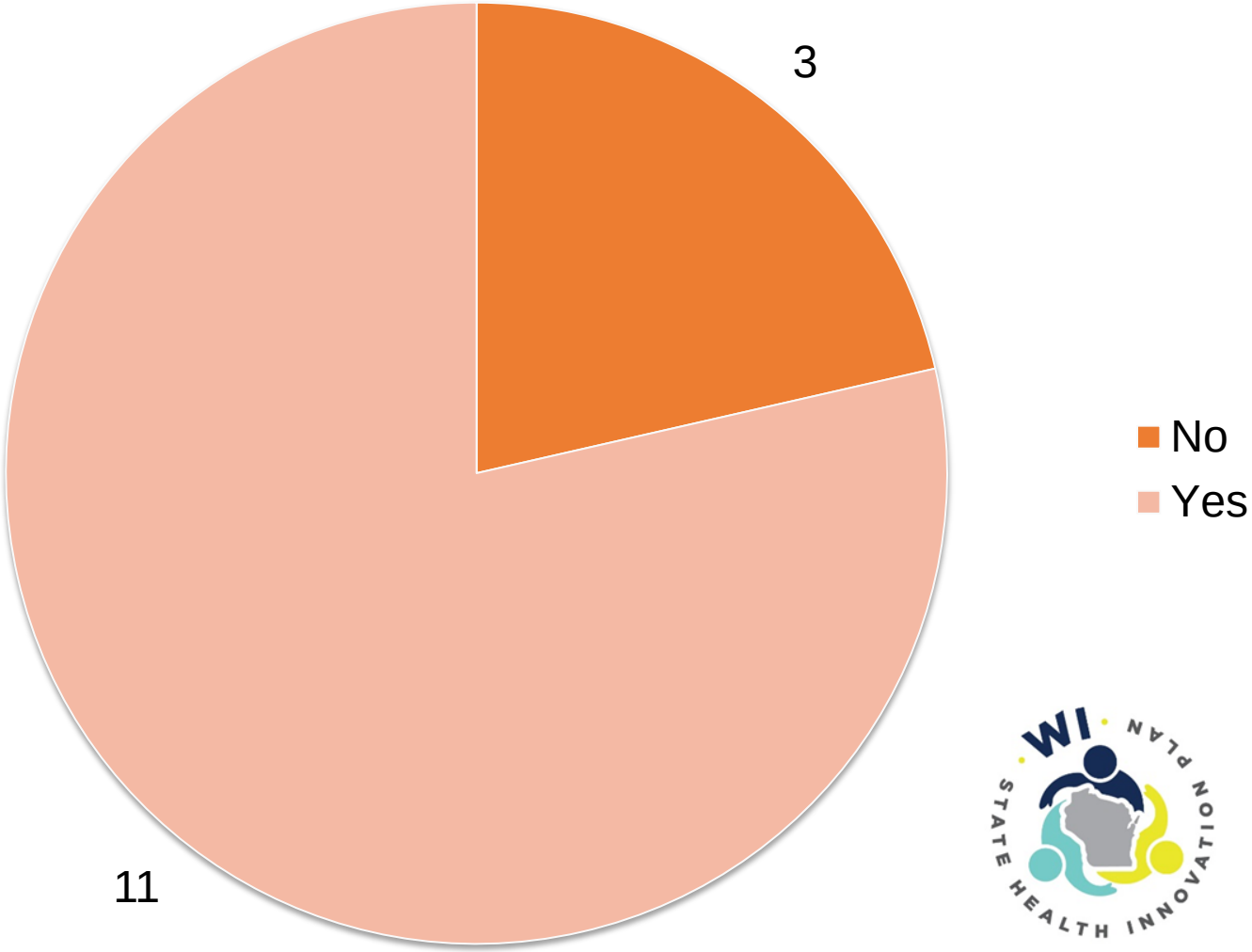
Does your organization maintain a Provider Directory?

Vendors Used:

- Internally Developed - 6
  - In-house capability
    - HPES
  - Ancilla Partners
    - Medicity
  - Cactus solution
  - IBM Infosphere



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Data Elements Collected in Provider Directory

Data Element	# of organizations that collect the data element (n=12)	Data Element	# of organizations that collect the data element (n=12)	Data Element	# of organizations that collect the data element (n=12)
Provider name, first	7	Address, city	6	Organizational affiliations(s)	3
Provider name, last	7	Address, state	7	Plan affiliation(s)	4
Provider name, middle	4	Address, zip code	6	Language(s) spoken	4
Provider name, middle initial	7	Phone number	7	Specialties	7
Direct secure messaging address	2	Email address	3	Licensure	7
Practice location(s)	7	Office hours	3	Other *accepting new patients; primary care/non primary care*	3
Address, street	7	Website	1		4

Other Provider Directory Information

Uses of the Directory:

- Maintain an up to date provider roster
- Members and providers to search for providers enrolled in WI Medicaid
- Quality Measurement
- Public Reporting
- HIE
- Direct Messaging
- Provider networks, locations specialties, facilities
- Member handbook, new member assistance, and online directory for provider referrals

Users of the Directory:

- Clinic Administrators
- Members
- Providers,
- Staff
- Employees, State of Wisconsin, DHS
- Internal constituents
- General public
- Enrollment broker

Standards Used:

LDAP: 3
HPD+: 2
Oracle database
Access
Optum
.net, SQL Server, Oracle
VBA

Update Frequency:

- Real-time
- Nightly
- Weekly
- Monthly
- Twice yearly
- As needed

of Providers:

- 300
- 1,263
- 6,500
- 9,800
- 11,000
- 15,411
- 60,000
- 63,000
- 345,357

of Organizations included in the provider directory:

5 28 234 795 1,100 2,861 6,500

Findings to Date

Notification Services

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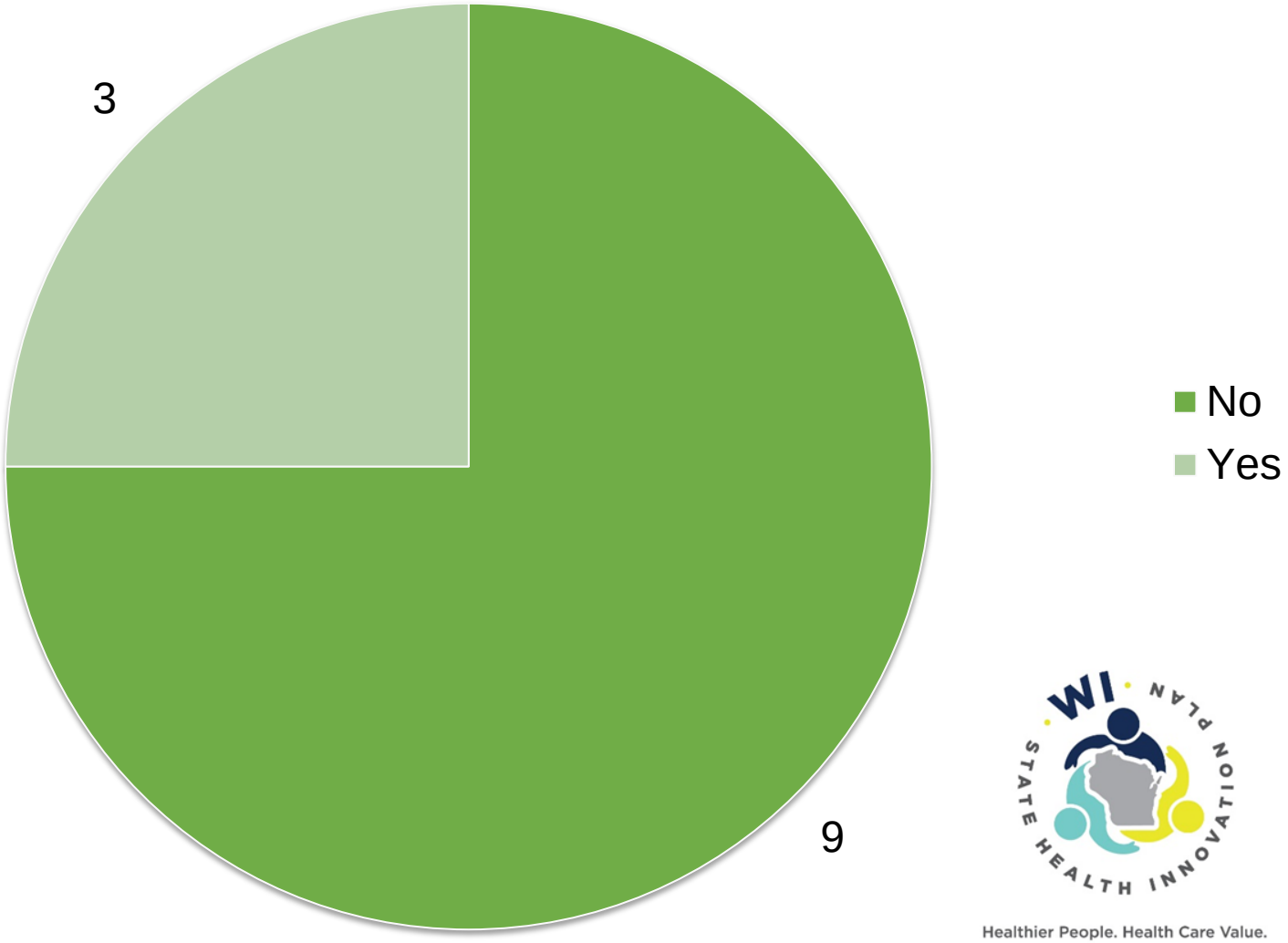
Does your organization receive patient notifications?



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Notification Information

Types of Information Received:

- Admission, Discharge, Transfer data (ADT) – 3
- Consolidated Clinical Document Architecture (C-CDAs) - 1

Method of Receipt:

- Real time secure email – 1
- Fax - 1

Respondents NOT using notifications are:

- Unsure about the value – 2
- Never going to receive notifications – 2
- Receive the information through other channels – 1
- Data contributors only – 1
- Don’t have the capability to receive the information

Key Findings

- There is no one source of data to populate MPIs, provider directories, and notification services
  - Additionally, a centralized aggregator of data to establish statewide shared services does not exist

- MPIs, provider directories, and notification services exist today and are in various stages of maturity across organizations
  - However, they exist in silos, and they do not match or cross walk to one another and require redundant updates

Next Steps

- Encourage completion of survey by payers
- Determine gap analysis needs for Quality Reporting and Measurement Services
  - Review Stakeholder Interviews
  - Follow-up questions may be needed
- Continue to paint the picture of the current state of health IT services in Wisconsin
- Continue to talk to potential users of shared technology services about the value propositions that will better address their business needs

Discussion: Identification of Root Causes and Strategies to Address the Gaps

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Root Causes Discussion

What are the root causes for the gaps between Current State and desired Future State?

- Business-related root causes
- Technology-related root causes
- Regulatory-related root causes
- Others

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Potential Policy Levers to Drive Use of Share Technology Services

Discussion:

- Should the Wisconsin SHIP HIT Plan include recommendations for federal government policy levers or regulatory actions?
- What types of state government policy levers would you like to explore in more depth at the September meeting?
- What kinds of industry/market levers could drive use of Shared Technology Services?

(See handout for examples)

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Targeted Services

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Refresher on Targeted Services

June discussion of consumer tools – some potential roles for SHIP activities:

- Convener for discussions/sharing best practices
- Information source
  - TA to providers and health systems
  - Information to consumers
- Pilot projects for targeted services
- Other?

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Initial Thoughts on Desired Future State

- From the information the Workgroup has so far, what are your thoughts on telehealth's role in SHIP HIT Plan?
- Domains of telehealth applications
  - Live video (synchronous)
  - Store-and-forward (asynchronous)
  - Remote patient monitoring
  - Mobile health
- Domains of HIT Plan
  - Infrastructure
  - Policy
  - Governance
  - Technical assistance

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Quick Improvement Exercise

What went well?

What could we do better?

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Next Meetings

- Advisory Panel: September 10th
  10:00am – noon (webinar)
  - ➢ Input on targeted technology services and technical assistance strategies

- Workgroup Meeting: September 16th 9:00am-3:00pm

  Gundersen Health System Onalaska Clinic

  3111 Gundersen Drive

  Onalaska, WI 64650

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